

Filing at a Glance

Companies: State Automobile Mutual Insurance Company, State Auto Property and Casualty Insurance Company
Product Name: Arkansas Home Forms SERFF Tr Num: STAT-125255729 State: Arkansas
TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: AR-PC-07-025753
Sub-TOI: 04.0000 Homeowners Sub-TOI Co Tr Num: SAC-HO-2007-761 State Status:
Combinations
Filing Type: Form Co Status: Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding
Authors: Doug Griffith, Terrie Wright Disposition Date: 08-10-2007
Date Submitted: 08-09-2007 Disposition Status: Approved
Effective Date Requested (New): 11-15-2007 Effective Date (New): 11-15-2007
Effective Date Requested (Renewal): 11-15-2007 Effective Date (Renewal): 11-15-2007

General Information

Project Name: Arkansas Home Forms Status of Filing in Domicile:
Project Number: SAC-HO-2007-761 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08-10-2007
State Status Changed: 08-09-2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
The State Auto Insurance Companies submit this filing of endorsement revisions to our Homeowner Options program, as detailed in Exhibit I, for your review.

The required Departmental Form and a copy of the endorsements are attached.

Company and Contact

Filing Contact Information

Doug Griffith, Supervisor, State Filings doug.griffith@stateauto.com
518 E. Broad Street (614) 917-5492 [Phone]
Columbus, OH 43215 (614) 887-1615[FAX]

Filing Company Information

State Automobile Mutual Insurance Company CoCode: 25135 State of Domicile: Ohio
518 E. Broad Street Group Code: 175 Company Type: Property and Casualty

PO Box 182822

Columbus, OH 43215

(614) 464-5000 ext. [Phone]

Group Name:

FEIN Number: 31-4316080

State ID Number:

State Auto Property and Casualty Insurance
Company

1300 Woodland Ave

CoCode: 25127

Group Code: 175

State of Domicile: Iowa

Company Type: Property and
Casualty

PO Box 66150

West Des Moines, IA 50265-0150

(614) 464-5000 ext. [Phone]

Group Name:

FEIN Number: 57-6010814

State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Auto Property and Casualty Insurance Company	\$0.00	08-09-2007	
State Automobile Mutual Insurance Company	\$50.00	08-09-2007	15032845

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08-10-2007	08-10-2007

Disposition

Disposition Date: 08-10-2007

Effective Date (New): 11-15-2007

Effective Date (Renewal): 11-15-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Exhibit I	Approved	Yes
Form	Increased Limits of Business Property	Approved	Yes
Form	Homeowners Options Policy Cover Page	Approved	Yes
Form	Uninsured Watercraft Coverage Arkansas	Approved	Yes
Form	Amendatory Endorsement	Approved	Yes
Form	Declaration Page	Approved	Yes
Form	ACORD Evidence of Property Insurance	Approved	Yes
Form	ACORD Application	Approved	Yes
Form	ACORD Watercraft Application	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Increased Limits of Business Property	F0412	(10/00)	Endorsement/Amendment/Conditions	FI0412 (10/00)	0.00	F0412 (10-00).pdf
Approved	Homeowners Options Policy Cover Page	FI256	(01/07)	Endorsement/Amendment/Conditions	FI256 (10/00)	0.00	FI256 (01-07).pdf
Approved	Uninsured Watercraft Coverage Arkansas	UW0495	(11/05)	Endorsement/Amendment/Conditions	UW0495 (01/05)	0.00	UW0495 (11-05).pdf
Approved	Amendatory Endorsement	FI1015	(03/07)	Endorsement/Amendment/Conditions	FI1015 (03/06)	0.00	FI1015 (03-07).pdf
Approved	Declaration Page	DECOV	(4/93)	Declaration Replaced	DECOV (4/93)	0.00	DECOV (4-93).pdf
Approved	ACORD Evidence of Property Insurance	ACORD 27	(2006/07)	Endorsement/Amendment/Conditions	ACORD 27 (2004/04)	0.00	ACORD 27 (2006-07).pdf
Approved	ACORD Application	ACORD 80	(2006/10)	Application/ Replaced Binder/Enrollment	ACORD 80 (2005/08)	0.00	ACORD 80 (2006-10).pdf
Approved	ACORD Watercraft Application	ACORD 82	(2006/08)	Application/ Replaced Binder/Enrollment	ACORD 82 (2004/03)	0.00	ACORD 82 (2006-08).pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCREASED LIMITS ON BUSINESS PROPERTY

SCHEDULE

Increase in Limit of Liability	Total Limit of Liability
*Entries may be left blank if shown elsewhere in this policy for this coverage.	

IMPORTANT NOTICE

Increased Coverage Limit for Computers Used in Business Off Premises

When you purchased this endorsement to increase the coverage limit for your property used in "business" on the "residence premises", the limit that normally would apply to property used in "business" away from the "residence premises" would automatically be increased to 20% of the total limit that applied for property on the "residence premises".

WITH NO ADDITIONAL COST to you, when the property used in "business" is away from the "residence premises" and is your "computer equipment", the limit for "computer equipment," will be the total limit that is provided by 3.h. for property used in "business" on the "residence premises." This extension of coverage also applies to "business" property that is "computer equipment," and included in item 3.k. The 20% limit would still apply for other property used in "business" away from the "residence premises" per paragraph 3.b. of the endorsement.

"Computer equipment" means electronic data processing hardware and related peripheral equipment, including CRT screens, disc drives, printers and modems; and discs, tapes, wires, records or other software media used with the data processing equipment.

As an example, if the total limit that applies to property used in "business" on the "residence premises" is \$5,000, the away from premises business property limit would be increased to \$1,000 (20%). However, with this endorsement, the limit that would apply to "computer equipment" used in "business", away from the "residence premises", would now be \$5,000 not \$1,000.

SECTION I - PROPERTY COVERAGES

Coverage C - Personal Property

3. Special Limits of Liability

- a. The Special Limit Of Liability in Category 3.h. that applies to "business" property on the "residence premises" is increased by the Increase In Limit Of Liability shown in the Schedule above.

This increase In Limit Of Liability does not apply to "business" property:

- (1) In storage or held:
 - a. As a sample; or
 - b. For sale or delivery after sale; or
- (2) That pertains to a "business" actually conducted on the "residence premises".

- b. The Special Limit Of Liability in Category 3.i. that applies to "business" property away from the "residence premises" is increased to an amount that is 20 percent of the Total Limit Of Liability shown in the Schedule. The Special Limit Of Liability in Category 3.i. does not apply to electronic apparatus as described in Categories 3.j. and k.

This endorsement does not increase the limit of liability for Coverage C.

All other provisions of this policy apply.

F0412 (10/00)

*/F0412-200010

YOUR HOMEOWNER OPTIONS POLICY

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY
518 EAST BROAD STREET * COLUMBUS, OHIO 43215 * 614-464-5000

STATE AUTO PROPERTY AND CASUALTY INSURANCE COMPANY
1300 WOODLAND AVENUE, * WEST DES MOINES, IOWA 50265-0150

CORPORATE OFFICE
STATE AUTO INSURANCE COMPANIES * 518 EAST BROAD STREET * COLUMBUS, OHIO 43215-3976 * 614-464-5000

READ YOUR POLICY CAREFULLY. This cover sheet provides only a brief outline of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself is a legal contract between you and your insurance company and sets forth, in detail, the rights and obligations of both you and your insurance company. IT IS THEREFORE IMPORTANT THAT YOU READ YOUR POLICY.

YOUR HOMEOWNERS POLICY-QUICK REFERENCE

HOMEOWNERS POLICY	DECLARATIONS (Pages Numbered Separately)	HO0003HO0004HO0005HO0006			
		(10/00)	(10/00)	(10/00)	(10/00)
	Your Name				
	Location of Your Residence				
	Policy Period				
	Coverages				
	Amounts of Insurance				
	Deductible				
	AGREEMENT	1	1	1	1
	DEFINITIONS	1	1	1	1
SECTION I YOUR PROPERTY	COVERAGES				
	Property Coverages	2	2	2	2
	Loss of Use	4	4	4	4
	Additional Coverages	4	4	5	4
	PERILS INSURED AGAINST				
	Coverage A and/or B	7	N/A	9	7
	Coverage C Perils	9	7	9	7
	EXCLUSIONS	10	9	10	9
	CONDITIONS	11	10	12	10
	COVERAGES				
SECTION II YOUR LIABILITY	Personal Liability				
	Medical Payments to Others	14	11	15	12
	EXCLUSIONS	14	12	15	12
	ADDITIONAL COVERAGES	17	14	18	15
	CONDITIONS	18	15	19	16
SECTION I and SECTION II	CONDITIONS	19	16	20	17

ENDORSEMENTS - APPLICABLE ONLY
IF SPECIFIED ON THE DECLARATIONS
PAGE.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UNINSURED WATERCRAFT COVERAGE - ARKANSAS

DEFINITIONS

Defined terms will either be in bold print or have quotation marks.

1. "Family member" means:
You and residents of your household who are:
(1) Your relatives; or
(2) Other persons under the age of 21 and in the care of any person named above;
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Insured persons" means you, a person related to you by blood, marriage or adoption residing in your household, including a ward or foster child or any person operating "your insured boat" or "your insured yacht" without charge, with your permission and for their private pleasure use only. This does not include:
a) A paid captain or crew member;
b) A person or organization or their agent or employee operating a marina, shipyard, sales agency, or like organization.
4. The following is added to the definitions of "your insured boat" or "your insured yacht":
For the purpose of this endorsement, uninsured watercraft coverage is extended to any watercraft automatically covered for Section II Liability coverage under the basic Homeowners contract.

INSURING AGREEMENT

- A. We will pay compensatory damages which an "insured person" is legally entitled to recover from the owner or operator of an "uninsured watercraft" because of "bodily injury":
 1. Sustained by an "insured person"; and
 2. Caused by an accident.The owner's or operator's liability for these damages must arise out of the ownership, maintenance or use of the "uninsured watercraft".
Any judgment for damages arising out of a suit brought without our written consent is not binding on us.
- B. "Insured person" as used in this Part means:
 1. You or any "family member".
 2. Any other person "occupying" "your insured boat" or "your insured yacht".
 3. Any person for damages that person is entitled to recover because of "bodily injury" to which this coverage applies sustained by a person described in 1. or 2. above.
- C. "Uninsured watercraft" means a watercraft of any type:
 1. To which no bodily injury liability bond or policy applies at the time of the accident.

2. Which is a hit-and-run watercraft whose operator or owner cannot be identified and which hits:
 - a. You or any "family member";
 - b. A watercraft which you or any "family member" are "occupying"; or
 - c. "Your insured boat" or "your insured yacht".
3. To which a liability bond or policy applies at the time of the accident but the bonding or insuring company:
 - a. Denies coverage; or
 - b. Is or becomes insolvent within one year of the date of the accident.

However, "uninsured watercraft" does not include any watercraft or equipment:

1. Owned by or furnished or available for the regular use of you or any "family member".
2. Owned or operated by a self-insurer except a self-insurer which is or becomes insolvent.
3. Owned by any governmental unit or agency.
4. While located for use as a residence or premises.

EXCLUSIONS

- A. We do not provide Uninsured Watercraft Coverage for "bodily injury" sustained:
 1. By an "insured person" while "occupying", or when struck by any watercraft owned by that "insured person" which is not insured for this coverage under this policy. This includes a trailer of any type used with that watercraft.
 2. By any "family member" while "occupying" or when struck by, any watercraft you own which is insured for this coverage on a primary basis under any other policy.
- B. We do not provide Uninsured Watercraft Coverage for "bodily injury" sustained by any "insured person":
 1. If that "insured person" or the legal representative settles the "bodily injury" claim and such settlement prejudices our right to recover payment.
 2. While "your insured boat" or "your insured yacht" is being used as a public or livery conveyance.
 3. Using a watercraft without a reasonable belief that that "insured person" is entitled to do so. This Exclusion (B.3.) does not apply to a "family member" using "your insured boat" or "your insured yacht" which is owned by you.
- C. This coverage shall not apply directly or indirectly to benefit any insurer or self-insurer under any of the following or similar law:

1. Workers' compensation law;
 2. Disability benefits law;
 3. Federal Longshoreman's law; or
 4. Harbors Workers' Compensation law.
- D. We do not provide Uninsured Watercraft Coverage for punitive or exemplary damages which are imposed to:
1. Punish a wrongdoer; and
 2. Deter others from similar conduct.

LIMIT OF LIABILITY

- A. The limit of liability shown in the Schedule or in the Declarations for Uninsured Watercraft Coverage is our maximum limit of liability for all damages resulting from any one accident.
This is the most we will pay regardless of the number of:
1. "Insured persons";
 2. Claims made;
 3. Watercraft or premiums shown in the Declarations; or
 4. Watercraft involved in the accident.
- B. No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and Section III, Liability Insurance in forms FI254 or FI255 or Section II, Liability Insurance in forms FI127 or FI113; or Section II of the Homeowners Contract; or
- C. We will not make a duplicate payment under this coverage for any element of loss for which payment has been made by or on behalf of persons or organizations who may be legally responsible
- D. We will not pay for any element of loss if a person is entitled to receive payment for the same element of loss under any of the following or similar law:
1. Workers' compensation law;
 2. Disability benefits law;
 3. Federal Longshoreman's law; or
 4. Harbors Workers' Compensation law.

OTHER INSURANCE

If there is other applicable insurance available under one or more policies or provisions of coverage that is similar to the insurance provided by this endorsement:

1. Any recovery for damages under all such policies or provisions of coverage may equal but not exceed the highest applicable limit for any one watercraft under any insurance providing coverage on either a primary or excess basis.

2. Any insurance we provide with respect to a watercraft you do not own, including any watercraft used as a temporary substitute for "your insured boat" or "your insured yacht", shall be excess over any collectible insurance providing such coverage on a primary basis.
3. If the coverage under this policy is provided:
 - a. On a primary basis, we will pay only our share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on a primary basis.
 - b. On an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on an excess basis.

ARBITRATION

- A. If we and an "insured person" do not agree:
1. Whether that "insured person" is legally entitled to recover damages; or
 2. As to the amount of damages which are recoverable by that "insured person";
- from the owner or operator of an "uninsured watercraft", then the matter may be arbitrated. However, disputes concerning coverage under this Part may not be arbitrated.
Arbitration will take place only if both we and the "insured person" agree, voluntarily, to have the matter arbitrated. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction.
- B. Any decision of the arbitrators will not be binding on either party.
- C. Each party will:
1. Pay the expenses it incurs; and
 2. Bear the expenses of the third arbitrator equally.
- D. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured person" lives. Local rules of law as to procedure and evidence will apply.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.



POLICY NUMBER

AMENDATORY ENDORSEMENT

The Policy Conditions applicable to State Automobile Mutual Insurance Company and authorized signatures are hereby deleted in their entirety and replaced with the following:

POLICY CONDITIONS APPLICABLE TO STATE AUTOMOBILE MUTUAL INSURANCE COMPANY*

*DIVIDENDS

You are entitled to the proportionate part of any policyholder's dividend if declared by our Board of Directors in accordance with its Code of Regulations.

*NON-ASSESSABLE

This policy is non-assessable and the insured shall not be liable for the payment of any assessment nor for the payment of any premium other than that stated in this policy.

*NOTICE OF POLICYHOLDERS MEETING

While your policy is in force, you are one of our members and are entitled to one vote, in person or by proxy, at all meetings of the members. The annual meeting of the members is held at 9 o'clock A.M. Columbus time, on the first Friday of March of each year at our Home Office 518 East Broad Street, Columbus Ohio.

We have caused this policy to be signed by our authorized officers. The Company providing coverage is named on the Declarations.

Secretary

A handwritten signature in cursive script, likely belonging to the Secretary.

President

A handwritten signature in cursive script, likely belonging to the President.

FI1015 (03/07)

*/FI1015-200703



AMENDED DECLARATIONS
HOMEOWNERS POLICY

THIS DECLARATIONS PAGE WITH POLICY FORMS AND ENDORSEMENTS
AMENDS THE POLICY EFFECTIVE 05/15/07.

REASON FOR AMENDMENT MULTIPLE CHANGES

POLICY NUMBER	FROM	POLICY PERIOD	TO	COVERAGE IS PROVIDED IN THE FOLLOWING COMPANY	AGENCY	PROD
	05/15/07		05/15/08	STATE AUTO PROP. & CAS.	0584	00

NAMED INSURED AND ADDRESS

AGENT

CHEMAL INSURANCE
PO BOX 22667
LITTLE ROCK AR 72221

TELEPHONE 501/221-2128

THE PREMISES COVERED BY THIS POLICY IS LOCATED AT THE ABOVE ADDRESS.

RATING INFORMATION- FORM 3, BRICK VENEER, CONSTRUCTED IN 1968, DEFENDER,
PRIMARY RESIDENCE, PROTECTION CLASS 03, TERRITORY 30, FEET FROM HYDRANT 1000,
FIRE STATION 3 MILES, \$1000 SECTION I LOSS DEDUCTIBLE, 1 FAMILY, INSIDE CITY.

DUE TO REPAIR AND REPLACEMENT COST INCREASES, SECTION I COVERAGES HAVE BEEN
INCREASED BY 6.9%

COVERAGE AT THE ABOVE DESCRIBED LOCATION IS PROVIDED ONLY WHERE A LIMIT OF
LIABILITY IS SHOWN OR A PREMIUM IS STATED

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$263,300	\$1,028.00
B. OTHER STRUCTURES	\$26,330	
C. PERSONAL PROPERTY	\$184,310	
D. LOSS OF USE	\$78,990	

SECTION II COVERAGE

E. PERSONAL LIABILITY	\$100,000 EACH OCCURRENCE
F. MEDICAL PAY. TO OTHERS -	\$1,000 EACH PERSON

PRIME OF LIFE PLAN

TOTAL BASIC PREMIUM - - - - -	INCLUDED \$1,028.00
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ADDITIONAL PREMIUMS

INCREASED LIMITS ON BUSINESS PROPERTY	\$25.00
SPECIAL COMPUTER COVERAGE	\$16.00
JEWELRY - INLAND MARINE COVERAGE	\$117.00
SILVERWARE - INLAND MARINE COVERAGE	\$12.00

TOTAL ADDITIONAL PREMIUMS - - - - - \$170.00

TOTAL FULL TERM PREMIUM - - - - - \$1,198.00

PREMIUM BASED ON FAVORABLE LOSS EXPERIENCE

*** YOUR HOMEOWNERS POLICY HAS BEEN DISCOUNTED AS SHOWN BELOW:

YOU HAVE RECEIVED AN AUTO/HOME DISCOUNT OF \$191
PRIME OF LIFE HOMEOWNER DISCOUNT 5%
FINANCIAL STABILITY DISCOUNT APPLIES
PROTECTIVE DEVICE CREDIT 12%

POLICY PERIOD- 12-01 AM STANDARD TIME AT THE RESIDENCE PREMISES.

PREV PREMIUM \$1,198.00 CHANGE \$.00 CHANGE IN PREMIUM \$.00



1H4 DAVI HP *A M 03 CHEN0000584 072116

AMENDED DECLARATIONS
HOMEOWNERS POLICYTHIS DECLARATIONS PAGE WITH POLICY FORMS AND ENDORSEMENTS
AMENDS THE POLICY EFFECTIVE 05/15/07.

REASON FOR AMENDMENT MULTIPLE CHANGES

POLICY NUMBER	FROM 05/15/07	POLICY PERIOD TO 05/15/08	COVERAGE IS PROVIDED IN THE FOLLOWING COMPANY STATE AUTO PROP. & CAS.	AGENCY 0584	PROD 00
NAMED INSURED AND ADDRESS			AGENT CHENAL INSURANCE PO BOX 22667 LITTLE ROCK AR 72221 TELEPHONE 501/221-2128		

MORTGAGEE
THEIR SUCCESSORS &/OR ASSIGNS
LN# 0008354945011D CITIMORTGAG
ITS SUCCESSORS AND ASSIGNS
PO BOX 7706
SPRINGFIELD, OH 45501FORMS AND ENDORSEMENTS - HO0003 10/00, FI179 10/00, FI256 10/00, HO0103 02/07,
AU97 04/04, FI122AR 10/06, FI2048 05/05, HO0455 03/03, FI1015 03/06,
FI2073 02/06, HO0416 10/00, FI270AR 10/00, ST270 10/00, FI199 07/04,
FI0412 10/00, HO0414 10/00, FI461 10/00, HO0496 10/00.*** YOU CAN REALIZE SIGNIFICANT PREMIUM REDUCTIONS BY INCREASING THE
DEDUCTIBLE AMOUNT ON YOUR POLICY. CONTACT YOUR AGENT FOR SPECIFIC DETAILS.**NO SIGNATURE REQUIRED
-----04/19/07
DATE

DECOV (4/93)

002858P



MOBDEC

1H4 DAVI HP *A M 03 CHEN0000584 072116

AMENDED DECLARATIONS
HOMEOWNERS POLICYTHIS DECLARATIONS PAGE WITH POLICY FORMS AND ENDORSEMENTS
AMENDS THE POLICY EFFECTIVE 05/15/07.

REASON FOR AMENDMENT MULTIPLE CHANGES

POLICY NUMBER	FROM 05/15/07	TO 05/15/08	COVERAGE IS PROVIDED IN THE FOLLOWING COMPANY STATE AUTO PROP. & CAS.	AGENCY 0584	PROD 00
NAMED INSURED AND ADDRESS			AGENT CHEMAL INSURANCE PO BOX 22667 LITTLE ROCK AR 72221 TELEPHONE 501/221-2128		

DESCRIPTION OF ADDITIONAL COVERAGES/CREDITS/DEDUCTIBLES

\$1000 SECTION I LOSS DEDUCTIBLE APPLIES. THIS SECTION I DEDUCTIBLE DOES NOT REPLACE, OVERRIDE NOR WAIVE ANY PERIL OR COVERAGE SPECIFIC HOMEOWNERS DEDUCTIBLE. SEE ADDITIONAL COVERAGE ENDORSEMENT(S) FOR COVERAGE DEDUCTIBLES.

PROTECTIVE DEVICE DESCRIPTIONS
CENTRAL FIRE ALARM SYSTEM.

CENTRAL STATION BURGLARY ALARM SYSTEM.

BURGLARY &/OR FIRE LOCAL ALARM SYSTEM INCL UL APPVD SMOKE DETECTOR DEVICES.

INCREASED LIMITS ON BUSINESS PROPERTY
AMOUNT OF LIABILITY IS \$ 5000.

SPECIAL COMPUTER COVERAGE

INLAND MARINE JEWELRY

01, AMOUNT OF LIABILITY IS \$ 3995.

LDS 14K WEDD RG SET 1 3/8CT TW FC DIA RND

02, AMOUNT OF LIABILITY IS \$ 140.

LDS ONYX MARASITE & MOTHER OF PEARL BRAC

03, AMOUNT OF LIABILITY IS \$ 99.

LDS MATCHING BROOCH

04, AMOUNT OF LIABILITY IS \$ 375.

LDS 14K WG 14 DIA & STAR OF DAVID

05, AMOUNT OF LIABILITY IS \$ 200.

LDS 3 DIA FLOWER RING 14KT WG

06, AMOUNT OF LIABILITY IS \$ 998.

LDS EMRD FASHION RING W/6 GEN MARQ ERMD 6.00X3.00MM WT OF 1.56 CTS,A,T
ONE IS M,RND BC,I1,I .450CT 214K YELLOW

07, AMOUNT OF LIABILITY IS \$ 386.

LDS RUBY & DIA RING W/15 AMRQ GEN RUBIES. 1.80CTS,B,TONE IS LIGHT. 5 S
ING DIAS,I2-I3,I,.50CT 10K YELLOW 2.0DWT

08, AMOUNT OF LIABILITY IS \$ 85.

14K ER AMY P/S STUD (SALES RECEIPT ATTACHED) W/ TAX 84.77

09, AMOUNT OF LIABILITY IS \$ 316.

14KT 1/5CT DIA ER (SALES RECEIPT ATTACHED) W/TAX 316.39



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY		PHONE (A/C, No, Ext):	COMPANY	
FAX (A/C, No):		E-MAIL ADDRESS:		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #:				
INSURED			LOAN NUMBER	POLICY NUMBER
			EFFECTIVE DATE	EXPIRATION DATE
			<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE		
	LOAN #			
	AUTHORIZED REPRESENTATIVE			



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE	FACILITY CODE
	FAX (A/C, No):					POLICY #	
	E-MAIL ADDRESS:	DATE AT CURR RES	CO/PLAN	HOME PHONE #		DAY	
CODE:	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #		DAY	
AGENCY CUSTOMER ID:						EVE	

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC YEARS W/ PRIOR EMPL DATE OF BIRTH MAR STAT SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO- APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC YEARS W/ PRIOR EMPL DATE OF BIRTH MAR STAT SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$
	\$	\$	\$	\$	\$	\$	DEPOSIT	\$
							BALANCE	\$
DED (Type & Amount)	ALL PERIL NAMED HURRICANE *		WIND/HAIL ANNUAL HURRICANE *	THEFT		EARTHQUAKE		

* Not Applicable in NC

ENDORSEMENTS - See Page 4

PAYMENT PLAN ☐ ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:		
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:	AGENT
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE		

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE	
MASONRY	VINYL SIDING			\$	DWELLING	PRIMARY	COC				
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:				
FIRE RES				\$	CONDO	SEASONAL					
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING			
				FT	SYSTEM	SMOKE	TEMP	PLUMBING			
				MI	CENTRAL			HEATING			
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER				DIRECT			ROOFING			
					LOCAL			EXTERIOR PAINT			
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED			
		YES NO	YES NO	YES NO		YES NO	OPEN	NONE			
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES						
WITHIN CITY LIMITS	OWNER	UNOCC	INDOORS	APPROVED FENCE							
WITHIN FIRE DIST	TENANT	VACANT	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD							
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	SLIDE							
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF		
	YES NO		CLASS SPEC	YES NO		RESISTIVE	OTHER				
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:				RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL		SPRINKLER		FIREPLACES (Enter Number)	
BASEMENT		GARAGE		BREEZEWAY				PARTIAL		CHIMNEYS	
SQ FT		SQ FT		SQ FT				FULL		PRE-FAB WOOD STOVE INSERT	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)	<input type="checkbox"/>	<input type="checkbox"/>	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)	<input type="checkbox"/>	<input type="checkbox"/>			
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?	<input type="checkbox"/>	<input type="checkbox"/>	RENTERS AND CONDOS ONLY: 15. IS THERE A MANAGER ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
			16. IS THERE A SECURITY ATTENDANT?	<input type="checkbox"/>	<input type="checkbox"/>
			17. IS THE BUILDING ENTRANCE LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	<input type="checkbox"/>	<input type="checkbox"/>	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	<input type="checkbox"/>	<input type="checkbox"/>	19. IS HOUSE FOR SALE?	<input type="checkbox"/>	<input type="checkbox"/>
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>	20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>	21. IS THERE A TRAMPOLINE ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?	<input type="checkbox"/>	<input type="checkbox"/>
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)	<input type="checkbox"/>	<input type="checkbox"/>	23. ANY LEAD PAINT HAZARD?	<input type="checkbox"/>	<input type="checkbox"/>
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet					
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)	<input type="checkbox"/>	<input type="checkbox"/>	24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)	<input type="checkbox"/>	<input type="checkbox"/>
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)	<input type="checkbox"/>	<input type="checkbox"/>	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	<input type="checkbox"/>	<input type="checkbox"/>
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
---------------	---------------------	-----------------

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST ____ YEARS, AT THIS OR AT ANY OTHER LOCATION?

☐

YES

☐

NO

IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT
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ADDITIONAL INTEREST

INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)**ATTACHMENTS**

	STATE SUPPLEMENT(S) (If applicable)
	INLAND MARINE APPLICATION
	REPLACEMENT COST ESTIMATE
	PHOTOGRAPH
	SOLID FUEL SUPPLEMENT
	PROTECTION DEVICE CERTIFICATE
	PERS EXCESS/UMBRELLA APP
	WATERCRAFT APPLICATION
	LEAD FREE PAINT CERTIFICATION
	RESIDENCE BASED BUSINESS SUPPL

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE		COVERAGE INFORMATION						FORM NUMBER	FORM DATE	PREMIUM		
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		\$ LIMIT								\$		
ADDITIONAL PREMISES LIABILITY EXTENSION	LOC #	\$ CONTENTS		TERR:		# PREMISES:				\$		
		ADDRESS										
ADDITIONAL RESIDENCE RENTED TO OTHERS 1 OR 2 FAMILY	LOC #	\$ CONTENTS		TERR:		# FAMILIES:				\$		
		ADDRESS				MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO						
BUILDING ORDINANCE OR LAW COVERAGE		\$	\$ INCREASED		REBUILD PCT:				\$			
ELECTRONIC APPARATUS BUSINESS AND VEHICLE		\$	\$ INCREASED						\$			
ELECTRONIC APPARATUS IN VEHICLE		\$	\$ INCREASED						\$			
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$	\$ INCREASED						\$			
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$	\$ INCREASED						\$			
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$	\$ INCREASED						\$			
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$	\$ INCREASED						\$			
EARTHQUAKE		% DED	TERR:				MASONRY VENEER		\$			
			RETROFIT TYPE:				<input type="checkbox"/> YES <input type="checkbox"/> NO					
IDENTITY FRAUD EXPENSE COV		<input type="checkbox"/> INCLUDED								\$		
FULL VALUE REPLACEMENT COST		<input type="checkbox"/> INCLUDED								\$		
REPLACEMENT COST - DWELLING		<input type="checkbox"/> INCLUDED								\$		
REPLACEMENT COST - CONTENTS		<input type="checkbox"/> INCLUDED								\$		
INCIDENTALS FARMING PERS LIAB		MEDICAL PAYMENTS		<input type="checkbox"/> YES	<input type="checkbox"/> NO				\$			
MINE SUBSIDENCE		LIMIT		CONST MATERIAL		PROP DESC			\$			
MOLD		PROPERTY		LIABILITY		EXCL LIABILITY		\$				
		\$		\$		EXCL PROP DAMAGE						
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/> REQUIRES INCR CONTENTS <input type="checkbox"/> INCR CONT NOT REQUIRED		TERR: STRUCT TYPE		BUS/STRUCT DESC		MED PAY <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT		STRUCT DESC:				\$			
WATER BACKUP OF SEWERS & DRAINS		\$	LIMIT		<input type="checkbox"/> INCLUDED				\$			
UNSCHEDULED JEWELRY, WATCHES, FURS		\$	AGGREGATE		\$ INCREASED				\$			
WORKERS COMPENSATION - FULL TIME INSERVANT		# OF EMPLOYEES:							\$			
WORKERS COMPENSATION - INCIDENTAL		# OF EMPLOYEES:							\$			
WORKERS COMPENSATION - PART TIME OUTSERVANT		# OF EMPLOYEES:							\$			
CODE	COVERAGE DESCRIPTION	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	TERR	OPTIONS	YES	NO	FORM NUMBER	FORM DATE	PREMIUM
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$
		\$						<input type="checkbox"/>	<input type="checkbox"/>			\$



WATERCRAFT APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE	
	FAX (A/C, No):					POLICY NUMBER	
	E-MAIL ADDRESS:		CO/PLAN	HOME PHONE #		DAY	
CODE:		SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #		EVENING
AGENCY CUSTOMER ID:							DAY
							EVENING

BOAT HULL NO. _____ (IF MORE THAN ONE HULL IS INSURED)

POWER		TYPE OF HULL		HULL MATERIAL	HULL DESIGN		FUEL TANK	
<input type="checkbox"/> INBOARD	<input type="checkbox"/> WATERJET	<input type="checkbox"/> CABIN CRUISER	<input type="checkbox"/> BASS	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> FLAT BOTTOM	<input type="checkbox"/> VEE BOTTOM	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> METAL
<input type="checkbox"/> OUTBOARD	<input type="checkbox"/> SAIL	<input type="checkbox"/> OPEN COCKPIT	<input type="checkbox"/> PERSONAL WC	<input type="checkbox"/> METAL	<input type="checkbox"/> ROUND BOTTOM	<input type="checkbox"/> CATAMARAN	SPAR MATERIAL	
<input type="checkbox"/> INBOARD/ OUTDRIVE		<input type="checkbox"/> SAILBOAT	<input type="checkbox"/> SKI	<input type="checkbox"/> WOOD			<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> CARBON FIBER
		<input type="checkbox"/> PONTOON					<input type="checkbox"/> WOOD	
YEAR	MANUFACTURER/MODEL			LENGTH	MAX SPEED	DATE PURCHASED	COST NEW	PRESENT VALUE
							\$	\$
NAME OF BOAT			NAME OF BENEFICIAL OWNER			REGISTRATION NUMBER		COUNTRY OF REGISTRATION
HULL IDENTIFICATION NUMBER			WATERS NAVIGATED			TERRITORY		DATE OF LAST SURVEY
PRIMARY BERTH / STORAGE LOCATION			<input type="checkbox"/> SUMMER	CITY	STATE	ZIP	COUNTRY	LAY-UP PERIOD
			<input type="checkbox"/> WINTER					
SECONDARY BERTH / STORAGE LOCATION			<input type="checkbox"/> SUMMER	CITY	STATE	ZIP	COUNTRY	LAY-UP PERIOD
			<input type="checkbox"/> WINTER					

ENGINE/MOTOR 1

YEAR	MANUFACTURER/MODEL					SERIAL NUMBER		
HORSEPOWER	FUEL	<input type="checkbox"/> DIESEL	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER		
	<input type="checkbox"/> GASOLINE	<input type="checkbox"/> BATTERY		\$	\$			

ENGINE/MOTOR 2

YEAR	MANUFACTURER/MODEL					SERIAL NUMBER		
HORSEPOWER	FUEL	<input type="checkbox"/> DIESEL	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER		
	<input type="checkbox"/> GASOLINE	<input type="checkbox"/> BATTERY		\$	\$			

TRAILER

YEAR	MANUFACTURER/MODEL	SERIAL NUMBER	# AXLES	CAPACITY	DATE PURCHASED	COST
						\$

COVERAGES/LIMITS OF LIABILITY

COVERAGE	LIMIT	DEDUCTIBLE	PREMIUM	COVERAGE	LIMIT	DEDUCTIBLE	PREMIUM
HULL	\$	\$	\$	LIABILITY (Or Protection & Indemnity)	CSL \$	ea. acc.	\$
OUTBOARD MOTOR	1 \$	\$	\$		BI \$	ea. pers.	\$
	2 \$	\$	\$		PD \$	ea. acc.	\$
PORTABLE ACCESSORIES	\$	\$	\$	MEDICAL PAYMENTS	\$	\$	\$
TRAILER	\$	\$	\$	UNINSURED BOATERS LIABILITY	CSL \$	ea. acc.	\$
PERSONAL EFFECTS	\$	\$	\$		BI \$	ea. pers.	\$
TOWING	\$	\$	\$		PD \$	ea. acc.	\$
HURRICANE HAUL-OUT	\$	\$	\$	UNDERINSURED BOATERS LIABILITY	CSL \$	ea. acc.	\$
	\$	\$	\$		BI \$	ea. pers.	\$
	\$	\$	\$		PD \$	ea. acc.	\$
	\$	\$	\$	TOTAL			\$

OTHER COVERAGES AND ENDORSEMENTS TO APPLY

DESCRIBE ALL CREDITS TO APPLY

CREDIT

PAYMENT PLAN ☐ **ACORD 610 Attached (NOT APPLICABLE IN NC)**

ACCOUNT #:				MAIL POLICY TO:			
BILLING		IF DIRECT BILL:		IF APPLICANT BILL:			
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/>	<input type="checkbox"/> FULL PAY	<input type="checkbox"/>	AGENT		
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE			<input type="checkbox"/>	APPLICANT		

ADDITIONAL INTEREST

<input type="checkbox"/> ADDL INTEREST	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/> LOSS PAYEE		
<input type="checkbox"/>		
<input type="checkbox"/> ADDL INTEREST	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/> LOSS PAYEE		
<input type="checkbox"/>		

RATING/UNDERWRITING (HULL NO. _____) EXPLAIN ALL "YES" RESPONSES IN REMARKS

EQUIPMENT TYPE	YES	NO	EQUIPMENT TYPE	YES	NO	EQUIPMENT TYPE	YES	NO	EQUIPMENT TYPE	YES	NO
BILGE PUMPS			CO ₂ / CHEMICAL SYSTEMS			RADAR			ANTI -THEFT DEVICES		
COOKING STOVE			FIRE EXTINGUISHERS			RADIO DIRECTION FINDER			HEATING		
FUME DETECTOR			DEPTH SOUNDER			SHIP TO SHORE RADIO					

PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS (HULL NO. _____)

EQUIPMENT	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	LIMIT

OPERATORS [List all residents and dependents (licensed or not) and regular operators]

#	NAME	SEX	MAR STAT	DATE OF BIRTH	OCCUPATION	AUTO DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

OPERATOR'S EXPERIENCE

#	PRIOR BOAT MAKE	MODEL	# YRS OWNED	EXPERIENCE (Power Squadron, USCGA, Other Education)

REMARKS

HULL INFORMATION (HULL NO. _____)

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE BOAT CHARTERED TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	5. DOES THE APPLICANT EMPLOY A PAID CREW?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?	<input type="checkbox"/>	<input type="checkbox"/>	6. ANY SLEEPING FACILITIES? (Provide number of beds):	<input type="checkbox"/>	<input type="checkbox"/>
3. IS THE BOAT USED FOR RACING?	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY EXISTING DAMAGE TO THE BOAT?	<input type="checkbox"/>	<input type="checkbox"/>
4. IS THE BOAT USED FOR WATERSKIING?	<input type="checkbox"/>	<input type="checkbox"/>	8. IS THE BOAT USED AS A PRIMARY RESIDENCE?	<input type="checkbox"/>	<input type="checkbox"/>
			9. ARE THERE ANY ADDITIONAL OWNERS NOT LISTED AS THE NAMED INSURED?	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. HAS THE APPLICANT LIVED AT CURRENT ADDRESS FOR LESS THAN 3 YEARS? (List previous address)	<input type="checkbox"/>	<input type="checkbox"/>	6. ANY LOSSES OCCUR DURING THE LAST 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY OPERATOR HAVE PHYSICAL/MENTAL IMPAIRMENT? NOT APPLICABLE IN WI.	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 5 YEARS? NOT APPLICABLE IN MO.	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY DRIVERS LICENSE SUSPENDED/REVOKED DURING THE LAST 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY OPERATOR HAD AN ACCIDENT/CONVICTION DURING THE LAST 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>			
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input type="checkbox"/>	<input type="checkbox"/>			

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

STATES SUPPLEMENT(S), IF APPLICABLE.
PHOTOGRAPH
SURVEY
COAST GUARD CERTIFICATE
INSPECTION

FOR COMPANY USE ONLY

REMARKS**BINDER/SIGNATURE**

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.</p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p><input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied)</p> <p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.</p>		
EFFECTIVE DATE	EXPIRATION DATE			
TIME	12:01 AM NOON			
COVERAGE IS NOT BOUND				
APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08-10-2007
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Comments:

Attachment:

PC Transmittal Document.pdf

Satisfied -Name:	Exhibit I	Review Status: Approved	08-10-2007
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Comments:

Please see attached Exhibit I for a complete list of forms.

Attachment:

Exhibit I.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
State Auto Insurance Companies	175

4. Company Name(s)	Domicile	NAIC #	FEIN #
State Automobile Mutual Insurance Co.	OH	25135	31-4316080
State Auto Property & Casualty Insurance Company	IA	25127	57-6010814

5. Company Tracking Number	SAC-HO-2007-761
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Doug Griffith, FLMI,ACS,ARC,ACP State Auto Insurance Companies 518 E. Broad st., Columbus, OH 43215	Supervisor, State Filings	614-917-5492	614-887-1615	doug.griffith@stateauto.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Doug Griffith

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	04.0000 Homeowners Sub-TOI Combinations
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Homeowner Options
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: November 15, 2007 Renewal: November 15, 2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	August 7, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The required Departmental Form and a copy of the endorsements are attached.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

EXHIBIT I**ARKANSAS HOMEOWNERS 2000
EFFECTIVE NOVEMBER 15, 2007**

New Form # & Edition Date	Current Form # & Edition Date	Form Name & Description Of Change	Replacement, Withdrawal Or Neither
F0412 (10/00)	FI0412 (10/00)	Increased Limits of Business Property A definition of “computer equipment” has been added.	R
FI256 (01/07)	FI256 (10/00)	Homeowners Options Policy – Cover Page Form updated to reflect most current address for State Auto Property & Casualty Company.	R
UW0495 (11/05)	UW0495 (01/05)	Uninsured Watercraft Coverage – Arkansas Form updated with some additional definitions for “Your insured Boat”	R
FI1015 (03/07)	FI1015 (03/06)	Amendatory Endorsement – Form updated with appropriate officer signatures.	R
DECOV (4/93)	DECOV (4/93)	Declaration Page Dec page filed to reflect new wording on first page regarding inflation protection and last page regarding deductibles.	R
ACORD 27 (2006/07)	ACORD 27 (2004/04)	ACORD Evidence of Property Insurance	R
ACORD 80 (2006/10)	ACORD 80 (2005/08)	ACORD Application	R
ACORD 82 (2006/08)	ACORD 82 (2004/03)	ACORD Watercraft Application	R